

The copy of Edna P. Loomis Loomis's birth certificate that is reproduced below was located by DWP in The Library at The Homestead and appended to p. 140 (19 April 1979) of DWP's 1978-1979 letter to SRP.

FORM 10VS-20019-100M-9-18-42
Filed in accordance with Act 148, 1941.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. D-652-1783
Registered No. 9-29-43
Filing Date 9-29-43
Registration Date 9-29-43

DELAYED BIRTH CERTIFICATE
ALL INFORMATION AS OF TIME OF BIRTH

Primary Dist. No. 64-07-82

(Type or print) EDNA PEARL LOOMIS Sex FEMALE

Date of Birth DECEMBER 29 1885
Month (by name) December Day 29 Year 1885

PLACE OF BIRTH
County WAYNE
Town-Village-Township CLINTON
City, town, village, etc. give name and address

A. Children born alive and living at time of this birth, including this child 2
B. Previous children born alive but dead at time of this birth NONE
C. Previous children born dead (stillborn) NONE
D. Deaths including this birth add A-B-C 2

If attending Physician or Midwife are still living have them sign here otherwise applicant will fill in. State name if living or deceased.
Attendant at Birth Dr. Andrew M. Loomis
(Physician or Midwife or Other)

FATHER OF CHILD
Full name THEODORE ORSEUS LOOMIS
Color or race WHITE Age at time of this birth 37 yrs.
Birthplace CLINTON TWP., WAYNE CO., PA.
(City, town, county) (State or foreign country)
Occupation FARMER
Address FARM, CLINTON TWP., WAYNE CO., PA.

MOTHER OF CHILD
Full maiden name MARY EMMA SQUIRE
Color or race WHITE Age at time of this birth 31 yrs.
Birthplace CLINTON TWP., WAYNE CO., PA.
(City, town, county) (State or foreign country)
Occupation HOUSEWIFE
Address FARM, CLINTON TWP., WAYNE CO., PA.

EDNA PEARL LOOMIS being first duly sworn on oath, testify that the facts concerning my birth set forth upon this application are true and correct.
185 BUREAU VISTA WEST DETROIT, MICH. Edna P. Loomis (Mrs. L.B.)
Signature of applicant

I, Barrie M. Heston, Notary Public, My Commission Expires Feb. 4, 1947.
Signature of Notary Public

APPLICANT SHOULD NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Name and kind of document (including by whom issued and signed, and date of issue)	Date original document was made
<u>Lackawanna Co. Pa.</u>	<u>notary</u>
<u>Off. of Gen. S. Loomis, Mother</u>	<u>7-29-40</u>
<u>Photo Copy Application to Bureau</u>	<u>Issued 1-9-1942</u>

I certify that no prior certificate has been found in the State Bureau of Vital Statistics for this registrant and that evidence has been seen and read which substantiates the facts set forth in the foregoing abstract.

Tom E. Williams Date filed Sept 29-43
Director, Bureau of Vital Statistics

This is to certify that the above is a true and correct copy (photostatic of a record filed in the Bureau of Vital Statistics, Department of Health, as directed by Act 148 of the General Assembly, 1941.)
Date 10-4-43
Department of Health is directed to issue this photograph unless the raised seal of the State is attached.

71378
Tom E. Williams
Director, Bureau of Vital Statistics